

# STATE OF VERMONT

## EMPLOYEE REQUEST FOR DIRECT DEPOSIT

I hereby request the following action and authorize the Commissioner of Human Resources to process my direct deposit every pay period. The request will become effective with the second pay day following receipt of the direct deposit authorization by the Payroll Division and will remain in effect until such time as I become ineligible or notify you in writing to cancel my direct deposit.

<b>EMPLOYEE NAME</b>	
PRINT CLEARLY (Last, First, Middle Initial):	
EMPLOYEE SIGNATURE:	DATE (MM/DD/YYYY):

<b>EMPLOYEE NUMBER</b>				

### CIRCLE THE TYPE OF ACTION BELOW FOR WHICH YOU ARE REQUESTING DEDUCTIONS

#### A. DIRECT DEPOSIT OF SALARY WITH A FINANCIAL INSTITUTION

ACTION: ☐ (BEGIN) ☐ (CHANGE) ☐ (CANCEL)

The remittance of credit entries to my account with the financial institution named below for any amounts owing me for salary. I hereby authorize said institution to accept such amounts and to credit my account without responsibility for correctness thereof:

**Check one:**    ☐ Checking                      ☐ Savings

NAME OF BANK: \_\_\_\_\_

ADDRESS OF BANK: \_\_\_\_\_

**TRANSIT ROUTING NUMBER**

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**ACCOUNT NUMBER**

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**\*\*Note:** All financial institutions, except the State Employees Credit Union, require pre-notification (test run) before funds are sent. This will delay your direct deposit by one pay day.

The diagram shows a check with the following fields labeled:

- 3** - NAME OF DEPOSITOR STREET ADDRESS CITY, STATE
- 19** - PAY TO THE ORDER OF: \$ \_\_\_\_\_ DOLLARS
- 4** - NAME OF YOUR BANK
- 5** - Payable Through Another Bank
- 1** - ROUTING NUMBER (021001082)
- 2** - ACCOUNT NUMBER (123 456 789)
- 0101** - CHECK NUMBER

1. **ROUTING TRANSIT NUMBER** – Here you would put “021001082”
2. **ACCOUNT NUMBER** – Here you would put “1233456789”.  
Notice we’ve not included the spaces.
3. **ACCOUNT TITLE**- Must include the employee name.
4. **FINANCIAL INSTITUTION NAME**
5. If your check includes “Payable Through” under the bank name you must contact your bank to obtain the proper Routing Transit Number for Direct Deposit Processing.

#### B. MEMBERSHIP DUES WITH CERTIFIED EMPLOYEE BARGAINING UNIT

ACTION: ☐ (BEGIN) ☐ (CHANGE) ☐ (CANCEL)

NAME OF BARGAINING UNIT: \_\_\_\_\_

**\*\*\*\* PLEASE DO NOT FAX THIS FORM \*\*\*\***  
**ONLY ORIGINAL SIGNATURES CAN BE ACCEPTED**

**Other Payroll Deductions may require special forms. Contact the following:**

**Deferred Compensation Plan:** Call Payroll @ (802) 828-2314

**Federal & State Tax Forms:** Call Payroll @ (802) 828-2314

**Life Insurance Coverage:** Call Benefits @ (802) 828-0648

**Medical Insurance Plans:** Contact your Personnel Officer

**U.S Savings Bonds:** Call Payroll @ (802) 828-2314

**VT State Employees Association:** Call (802) 223-5247

**VT State Employees Credit Union:** Call (802) 371-5160

**\*\*\* If you need assistance to prepare this form call Payroll Division (802) 828-2314**

**MAIL FORM TO:**

Department of Finance & Management

Payroll Division

110 State Street, Drawer 20

Montpelier, VT 05620-3001